

Nebraska Health and Human Services System

FILING PAGE FOR FOOD STAMP BENEFITS

To begin to apply for food stamp benefits, complete this page and give it to the local Health and Human Services Office. Your benefits will be determined from the date the Filing Page is received if it contains your name, address and signature **AND** you are determined eligible for the Food Stamp Program.

If you apply for food stamp benefits and Supplemental Security Income (SSI) before release from a public institution, your date of release from the institution is your filing date. An application for assistance must be completed to determine if you are eligible for food stamp benefits. An interview will be required and you must provide proof of some of the information on the application.

If you need us to provide an interpreter, check here ☐ What language? _____

Your Name	Social Security No.	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Phone Number
Mailing Address	City	State	Zip Code	Message Phone
Address Where You Live if Different	City	State	Zip Code	Work Phone

If you don't have a street address, tell us how to get to where you live.

Please answer the following questions about your household. A food stamp household includes your spouse, parents, children, and ALL other people who live AND share food with you.

1. What is the **TOTAL** income **BEFORE** deductions your household expects to receive this month?

Amount \$ _____ Date(s) received _____

2. How much do all persons have in cash, checking, savings accounts?

Amount \$ _____

3. What are your monthly housing costs? (rent, mortgage, other)

Amount \$ _____

4. Put a check mark by all of the following utility costs that you are responsible to pay.

☐ Heat ☐ Cooling (air conditioner, evaporative cooler) ☐ Electric (fan) ☐ Water/Sewer ☐ Garbage ☐ Telephone

Please complete the following if you are a migrant or seasonal farm worker.

5. Is anyone in your household a migrant or seasonal farm worker? ☐ Yes ☐ No

If Yes, was your household approved for a postponement of verification(s)?

When? _____ Where? _____

5a. Did all the money coming into your household stop in the last 30 days? ☐ Yes ☐ No

If Yes, date last money received _____ What was the amount? \$ _____

5b. Will anyone in your household receive income from a new source in the next 10 days? ☐ Yes ☐ No

If Yes, what is the amount? \$ _____ When will you receive the amount? _____

6. Does anyone in your household receive Indian Reservation commodities? ☐ Yes ☐ No

If yes, who? _____

YOU MAY BE ELIGIBLE TO RECEIVE FOOD STAMP BENEFITS WITHIN 7 DAYS. The office is required to take action on your food stamp application within 30 days from the date the application is received.

UNDER PENALTY OF PERJURY, I SWEAR THAT THE STATEMENTS ON THIS APPLICATION ARE TRUE AND CORRECT.

Your Signature _____ **Today's Date** _____

FOR OFFICE USE ONLY

Request Date _____ Date Given/Mailed to Household _____ Received Date _____

Screened for Expedited ☐ Yes ☐ No

Reason Expedited: ☐ Income/resources

☐ Shelter exceeds income/resources

Entitled to Expedited ☐ Yes ☐ No

☐ Migrant/seasonal farm worker/destitute

Screened by _____ Date _____ MC# _____

(TEAR OFF AND KEEP PAGES 2, 3, and 4)

TO APPLY FOR FOOD STAMP BENEFITS, PLEASE READ THIS PAGE

YOU MAY GET FOOD STAMP BENEFITS WITHIN SEVEN (7) DAYS FROM THE FILING DATE OF YOUR APPLICATION IF:

- Your household's monthly rent/mortgage AND utilities are more than your household's combined resources such as cash or checking/savings accounts and total monthly income (**BEFORE** deductions); or
 - Your household's gross monthly income is less than \$150 AND your household's resources such as cash or checking/savings accounts are \$100 or less; or
 - You are a migrant or seasonal farm worker household, provided your resources are \$100 or less.
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YOU MUST LIST THE FOLLOWING PEOPLE ON YOUR APPLICATION IF THEY LIVE WITH YOU:

- Spouse.
 - Parents and children under age 22.
 - Children under age 18 who are under parental control of a nonparent adult household member.
 - All others who eat with you.
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AN APPLICATION MUST BE COMPLETED TO DETERMINE IF YOU ARE ELIGIBLE FOR FOOD STAMP BENEFITS.

FOOD STAMP RIGHTS AND RESPONSIBILITIES

YOU HAVE THE RIGHT TO:

- Apply. If you want to request and/or apply for food stamp benefits, you must be given the opportunity to do so immediately.
 - Receive an application the day you ask for it.
 - File a joint application for food stamp benefits and other programs OR file a separate application for food stamp benefits independent of any other programs. Your request for food stamp benefits will be processed according to the guidelines of the Food Stamp Program even if you are applying for other programs.
 - Receiving food stamp benefits will have no bearing on any other programs' time limits that may apply to your household.
 - Receive food stamp benefits within 30 days after you return a signed filing page if you are eligible. Your benefits will be determined from the date you return a signed Filing Page to the Health and Human Services office.
 - Receive food stamp benefits within seven days if you qualify for faster service.
 - To have someone of your choice assist you with the application process.
 - Have an adult who knows your circumstances serve as your authorized representative. The authorized representative can apply for you if an interview cannot be arranged either in the local office, at your home, over the phone, at a mutually agreed upon location, or if the interview cannot be waived.
 - Request an interview at your home or other mutually agreed upon location or a telephone interview if no one in your household is able to come to the office due to transportation difficulties or other hardships.
 - Have an interview in your home or by telephone if ALL members of your household are:
 - Age 60 or disabled AND
 - The household has no earned income.
 - Have your information treated confidentially.
 - Have the program requirements and benefits fully explained.
 - Be referred to other public or private agencies.
 - Receive assistance from your worker in obtaining verifications provided that you are cooperating in the application process.
 - Adequate notice of any action affecting your application or case.
 - Examine your own case file and a copy of the Food Stamp Program rules.
 - Appeal any action or inaction by the agency with regard to your application, the amount of your benefits, or the agency's failure to act with reasonable promptness. An appeal may be requested orally or in writing through your local office or the Central Office of the Nebraska Department of Health and Human Services.
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NOTICE OF VERIFICATION REQUIREMENTS FOR FOOD STAMP BENEFITS

If you bring proof of the items that apply to your household, the time required to determine your eligibility for food stamp benefits may be reduced. If you need assistance in obtaining required verifications, your worker must assist you, provided you are cooperating in the application process.

THE FOLLOWING ITEMS ARE NEEDED TO DETERMINE YOUR ELIGIBILITY FOR THE FOOD STAMP PROGRAM:

- Proof of identity of the person making application. If an authorized representative is applying on your behalf, the authorized representative must provide proof of identity in addition to the head of the household.
- Proof of all income from work, such as pay stubs.
- Proof of income from self-employment and/or farm income such as income tax forms.
- Proof of other income including Social Security benefits, retirement, disability, worker's compensation, unemployment compensation, Veterans benefits, military allotments, child support, alimony, educational grants and loans, interest, dividends, and all other money you receive.
- Current statements for all checking and savings accounts, including those of minors in the household.
- Records which show ownership and value of stocks, bonds, securities, and any other type of resources you or any other household member may have.
- Proof of where you live.
- Social Security Numbers of household members requesting benefits.

You may bring proof of the following items if you pay any of the costs. You may receive more food stamp benefits if you pay these costs and provide proof of the costs.

- Proof of rent or mortgage payment, taxes, and insurance on your home.
- Proof of responsibility for cooling and/or heating costs. If you do not pay heating and/or cooling costs, but have other utility expenses such as electricity, water, sewer, garbage, and/or telephone, bring proof of these utilities.
- Proof of child care costs or care costs for dependent adults.
- Proof of court ordered child support paid.
- Proof of medical costs including medical insurance for anyone in the household who is age 60 or over or who is receiving Supplemental Security Income (SSI) or Social Security disability payments, Veterans' disability benefits, Railroad Retirement disability benefits, or government disability benefits.

If you have questions or do not understand these items, please contact the Health and Human Services office.

In accordance with Federal law and U.S. Department of Agriculture policy, the Nebraska Department of Health and Human Services is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

FOOD STAMP REPORTING CATEGORIES

The Food Stamp Reporting Categories are listed below. The category you are assigned to tells you what your household is required to report during your certification period. When your household is assigned to one of these categories, your worker and/or eligibility notice will notify you of your household's reporting category.

1) SIX-MONTH REPORTING CATEGORY

Your household is required to report when your household's gross monthly income exceeds the maximum gross monthly income limit for your household size. Gross monthly income includes both earned and unearned income before any deductions, such as taxes. If your monthly income exceeds the maximum gross monthly income limit for your household size, you must report this within 10 days after the end of the month the income was received. Your notice of eligibility will tell you what the reportable gross monthly income level is for your household size.

2) TRANSITIONAL BENEFIT REPORTING CATEGORY

Your household is NOT required to report any changes.

3) CHANGE REPORTING CATEGORY

Your household must report changes within 10 days from the date the change becomes known to the household. Your household is required to report the following:

1. When anyone enters or leaves your household;
2. Proof of your new address and new shelter costs, if you move;
3. Receipt of additional vehicles;
4. Receipt of resources including cash on hand, stock, bonds, and money in a checking or savings account, whose total would bring the household over \$2000;
5. Changes in employment, in the wage rate, and in part-time or full-time employment status. If this is a new job, it must be reported within 10 days of the date the first paycheck is received. For reporting purposes, 30 hours per week is considered full-time.
6. Changes in sources or changes totaling more than \$25 in unearned income received from non-private sources. You are NOT required to report changes in income from child support or alimony during your certification period.
7. Changes in the legal obligation to pay child support; and
8. Any change in work hours that brings an individual below 20 hours per week, averaged monthly for able-bodied adult without dependents (ABAWDs) subject to time-limited benefits.

Contact your worker if you have any questions about your reporting requirements.